

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: CLEARLAKE ASSISTED LIVING (0009767)
Address: 8637 CLEARLAKE RD, MILTON, WI 53563
License Status: REGULAR
Licensed/Certified/Registered 11/12/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094757 **End Date:** 04/01/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008151 Served 04/02/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	04/30/2005	Yes

Survey ID: 0094468 **End Date:** 03/28/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008193 Served 04/06/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(3)(e)2.d	INSPECTIONS-WOODBURNING STOVE		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.09(1)(d)5	RESIDENT RECORD-MEDICAL INSURANCE INFO		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 04/01/2005	SOD #10008151	Appealed: No
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Sanctions

COMPLY WITH REQUIREMENT

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